

HARVARD MEDICAL ALUMNI BULLETIN

October, 1953



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*“Nil Desperandum”**

J. ENGLEBERT DUNPHY, '33

You have done me a great honor in asking me to address you on this occasion which marks the end of the beginning of your medical careers. I am as sensible and appreciative of this honor as I am aware of my inability to speak in the scholarly manner of my immediate predecessors in this position. I must beg your indulgence, for I cannot compete for your attention with the bewitchery of this warm May sun, nor with the thoughts and emotions which must be racing through your hearts and minds as you contemplate the future. Consequently, if you happen to doze during my remarks, may you see in your dream's eye more clearly than I can paint for you the challenges, the conflicts, the disasters and the ultimate accomplishments and victories which are to be yours in the years that lie ahead.

I should like for a few brief moments to contrast the prospect which lies before you with that which confronted my class of twenty years ago. It is particularly fitting for me to do this since among you there are a few of my classmates who possess both the hardiness to venture into the spring sun this early in the day after their reunion last night, and the equanimity and durability to listen to me after these twenty years. I daresay, however, that if it were suggested to them in May of 1933 that I would be addressing them and you on this occasion, they would have been certain that this would occur only if, as was once depicted in an Aesculapian play, the Honorable James M. Curley had been appointed Dean of this Medical School. This should not reflect on the present incumbent of that distinguished position! Rather it shows how time changes many things.

Twenty years ago it would have been impossible to muster a gathering such as this. With the exception of Worth Hale,

and perhaps one or two others, the Faculty could not have been dragged here in the hot sun to listen to one of their members utter a handful of platitudinous comments about the art of medicine or the education of a doctor. Nor would the students have stayed for such an occasion as this, as you are staying now. The world was different then. Everyone was preoccupied with his own problems. There was neither a need nor a desire for uniformity of action, solidarity of opinion or a sense of security against the trials and vicissitudes with which the present world surrounds us.

The changes which these twenty years have wrought are reflected in what awaits you in the next few years. I am speaking of internships and hospital training. My remarks of necessity relate principally to surgery, since it is my own field, but I believe the generalizations which I shall make are valid. The changes are great, and on the whole are decidedly for the better, but there are chinks in the armor of post-graduate education to which I would call your attention, since the responsibility for repairing them will rest as much on your shoulders as on ours.

The medical graduate of 1933, as he entered his hospital for post-graduate training, was 25 years of age, single, had little or no money, but didn't need much since a little went a long way. This man had never been in the Army, and if he took any ROTC training it was because his roommate had persuaded him that a handsome stipend of several dollars a month was paid to those who signed up for such courses whether they went to the lectures or not. The graduate of '33 not only had no Army training nor experience, but he had no interest in it. Moreover, it was absolutely and utterly inconceivable that he ever would have any contact with the Army unless he elected it as a career. Another World War was deemed impossible. Mus-

*Class Day Address, 1953

solini was still regarded as an able statesman. Had he not cleared the Palatine marshes of malaria? Hitler was regarded as a small, comic Teutonic edition of Mussolini. He had already been jailed for the Munich "Beer Hall Putsch" and undoubtedly would end up in jail again soon. That he would be Chancellor of Germany within a year would have been regarded as impossible to any who gave the matter any thought. There were not many who did.

Here at home the worst of the depression seemed over and we were receiving a "New Deal" which had already given the medical students tangible evidence of its stability by repealing the 18th Amendment. It would soon be possible to use the tubs in Vanderbilt Hall for bathing!

Under these tranquil auspices the interne of 1933 began his career. In many ways these were still the golden years of hospital training. There was general acceptance of Osler's dictum that the hospital is a college in which student, interne and resident alike begin to "slowly learn for themselves under skilled direction the phenomena of disease." Moreover, there was a flexibility to that period of post-graduate training. It was possible to do just about what one wanted to do. One could fit his training to his particular needs. It was possible for a good man to complete an adequate training for the practice of medicine or surgery within a period of two or three years. Longer periods of training were deemed advisable only for those who wished to fit themselves for practice in a new or special field, such as neurosurgery, or perhaps for a career in academic medicine. The additional time which a man spent in training was usually devoted to profitable years in the laboratory, and his total practical experience might not greatly exceed that of his colleagues who entered practice at an earlier date. It was a rare man who spent five years in post-graduate training only to return to his home town to practice. And if he did so he was apt to be viewed with suspicion. If it took him that long to get through his internship he had better be watched closely!

What did the hospital offer its internes and residents in those days? It provided them with a place to sleep, it gave them rather ill-fitting white uniforms, it fed them—badly but substantially, largely a carbohydrate diet; it paid them nothing as internes and very little at the resident level. It often made rules forbidding them to marry and in some institutions it took more than a passing interest in their extracurricular activities. Indeed, at the Peter Bent Brigham Hospital the night telephone operator is alleged to have kept a small black book in which he recorded the hours at which members of the House Staff and Nursing School entered the Hospital at night. I have always supposed that the perusal of this book provided certain individuals in the Administration with a vicarious romanticism which was denied to them in the ordinary pursuit of their duties.

The hospital in those days provided the interne and resident an unlimited opportunity to work. It furnished him with a wealth of material much of which was his own if he had the ability, maturity and judgment to accept it. Perhaps most important of all, there was comparatively little compartmentalization of the hospital service. Even the broad fields of medicine and surgery were easy to cross, and most of the sub-specialties were an integral part of these parent fields. Engrossed in this rich milieu, there was literally no limit to what a man might accomplish or how hard he might work. Standards were high. Many worked too hard.

What about the product of this era of post-graduate training? We may inquire as to whether the individual who left his hospital after only two or three years of training has suffered by comparison with those who pursued their training through a major residency. I have had an opportunity to make just this comparison. One of my own classmates and colleagues in training at the Brigham went into practice after thirty-two months of internship and assistant residency. In contrast to this, I had eighty-four months of hospital, lab-

oratory and residency experience. Exactly ten years after graduation we were privileged to work together for a time in the Army. Here, it seems to me, is a perfectly controlled experiment and there is not the slightest doubt in my mind that his technical ability, judgment and pre- and post-operative care were identical with mine. If there was any difference I should say he was the better surgeon, since in a large practice he had acquired, I think, a broader perspective of the surgical field than I had in a university hospital with a somewhat more specialized approach to surgery. The point is that this man did not stop learning merely because he had finished his residency. Yet it is significant that his period of training does not qualify him for the American Board of Surgery.

The flexible educational programs of twenty years ago allowed for such individual variation. Men were provided with an opportunity to learn, to grow and to develop. The time that was required varied with the individual and with his ultimate objective, and it was accepted that not everyone who began a surgical career would prove suitable for it.

What was wrong with post-graduate hospital training in those days and why has it changed? Within the hospital itself it was felt by many that the internes worked too hard. Many thoughtful men decried the competition of the pyramidal system. In many respects there was too little time to think and to study. There was a strong feeling that the surgeon of that day was not getting a sufficient training in the specialties of urology, gynecology, orthopedic surgery, etc.

Along with these specific problems at the operational level there were broader influences at work. The specialty boards were gradually laying down regulations for training in particular fields. At first these efforts were designed primarily to raise the general standards of surgery and medicine. But with the passage of time these ideas have not merely crystallized; they have precipitated out and become so rigid that they approach the ridiculous.

This trend is having a very adverse effect on the training of the doctor. Recognition of the Boards by the Armed Services of this country has given an authoritarian complexion to specialized training which its most enthusiastic proponents did not anticipate.

Let us now consider the prospects which await you as you enter your respective hospitals in the coming weeks. As a group you are a trifle older than the graduate of '33. Half of you are already married and more will be by the time you enter your hospital. You have no more money than your predecessor of twenty years ago, and what you have will not go as far. You either have already been in the Army or you are going to be soon. You are as aware of international tensions as we were oblivious to them. You cannot divorce yourself from the crises and imminent disasters which surround us all. You are subconsciously drawn together by these tensions in a way that we never were. Indeed, our very presence here today indicates a need which did not exist in 1933. The bond which draws you together with the Alumni of this School, although always present, has been strengthened and tightened. This School needs us and our support to an extent that would have been deemed impossible in 1933. Many similar bonds bring us together. I am sure that in the hospital a healthy informality is breaking down in many ways the traditional barriers which have existed between senior and house staff. At the practical level there is no doubt that you will be better clothed, better housed, better fed and even better paid than your predecessor of twenty years ago. Much of the drudgery has been eliminated from an interne's life. There is more time to think, more time for relaxation and more opportunity to get into the laboratory.

All these things are for the better, but there are features to hospital life which are cause for real concern. Competition has been greatly lessened. The time clock has been introduced into the hospital ward, and there is a tendency for men to regard

"time off" as as compulsory an item as "time on" duty. "To live laborious days and nights" is no longer fashionable. There is greater security, but is there greater opportunity? On the debit side, economic forces are stripping you of what should be your own patients, the so-called ward or service patient. This is of grave concern to us all and I cannot pause here to elaborate on it. Suffice it to say that it is a problem which must be met and one which must not constitute a major stumbling block to continued post-graduate education, even in surgery.

The real threats to effective post-graduate hospital education today are the following: First, the extraordinary departmentalism which has been created. Instead of seeing and feeling the entire spectrum of medicine or surgery in a comparatively short time, the graduate of today must rotate from specialty to sub-specialty and back again, watching and observing but not doing. He is not developing to the extent that he should for the time involved. Secondly, is the dangerous assumption that there is a fixed period of time which qualifies a man as prepared to take an examination. The emphasis is on "training" rather than education, as if the prospective doctor was a "seal" or a "police dog" rather than a man who may contribute more than his own share to his own development. Thirdly, is the so-called rectangular system which takes a man into a service and assures him that he can stay there for the prescribed number of years which a particular specialty board has arbitrarily set. He can stay in the boat whether he pulls an oar or not. It is easy for him to be carried along with the tide. There are no pressures brought to bear on him to scrutinize himself and the course on which he is blithely drifting. I am certain that men are going to come out of rigid rectangular systems of training ill fitted for the practice of their profession. Men who might better have found their real niche and best opportunity in other fields.

These factors combined with a general slowing of the pace of hospital life, if con-

tinued uninterrupted for the next twenty years, should render the prospects for the graduate of 1973 about as follows. He would be about 28 years of age, married and the father of several children. He would already have spent two years in the Army in the ranks, and will be expecting to serve again as a doctor once his prolonged period of training is over. The training period, however, will be a happy one to contemplate. It will by then require a minimum of twelve years to adequately train a surgeon. Hospitals will be obliged to provide three or four bedroom suites and two car garages for their house staff. The income of an interne can not be less than \$7500 a year, and that of a resident should at least approach that of a Congressman. The period of training will be so long that the hospital will be obliged to provide insurance plans for those men who may die before they complete their training or for some reason or other may decide not to practice after completing it. Competition will be non-existent. There will be no such thing as a hospital or resident hierarchy. Everyone will be the same, the only difference being the length of time that they have been in the hospital and the particular rotation which it is now their privilege to go through for the nth time. In order to assure ample time for thinking and relaxation, the house staff will work in shifts of three hours on and three hours off, but no single twenty-four hour period should include more than two shifts! This of course will require many more men, much larger housing facilities, and naturally some type of entertainment will be necessary for the large number of men who will be off duty at a single moment! Indeed by that time there will be so little to do and so much time to do it in, that it will be necessary to have special senior staff committees designed to help and encourage the house officer to think. The American College of Surgeons, Davis and Geck Company, and above all the U. S. Army will, I am certain, be able to furnish training films for this purpose. We can imagine the titles of these films as some-

thing like "Seven Easy Steps to Proper Thinking" or "How to Think Without Actually Doing So."

By that time the compartmentalization of medicine will be nearly complete. In surgery, for example, there will no longer be thoracic surgeons, but there will be lung surgeons, heart surgeons, pericardial surgeons, great vessel surgeons, tracheal surgeons and pleural surgeons. There will be septic surgeons, metabolic surgeons, endocrinologic surgeons, and neoplastic surgeons, the last named being sub-divided into benign, malignant and metastatic. That anachronism, the general surgeon, will no longer exist, but his present lowly position will now be occupied by the least of the surgical tribe, the official surgeon or just plain orifician. These will be as numerous as the openings into the human body and will be further sub-divided into five groups depending upon the number of fingers employed in examination and manipulation. Each of these sub-divisions in medicine will, of course, have its own individual empire and it will be necessary for the well-trained surgeon to have acquired experience in each of these separate fields.

What of the patient in this maelstrom? He will have long since been forgotten as an individual and as a person, and you and I will have been raised at last to that final state of scientific specialization which, as F. M. R. Walsh has suggested in another connection, will render us "maintenance engineers to that bleak abstraction, Economic Man."

This picture is too horrible to contemplate. What can be done about it?

First of all, and this is an area in which you as the active teachers and professors of twenty years hence must play a dominant role, we must devote at least a quarter as much of our time to the integration and application of our expanding knowledge as we do in acquiring it. In this connection, it would be a most salutary thing if the natural scientists and the clinicians could only eat together. Possibly by doing this they could learn to talk together. I

will not touch upon the problems of the medical curriculum since better minds than mine, although at the moment mired in this morass, are certain to extricate themselves from it soon with great advantages for all of us.

I must say something, however, about post-graduate training. The time devoted to it must be shortened. It must be given a flexibility which it has lost in recent years. Perhaps as a corollary of this I should say that the specialty boards should be abolished. All of them? Well, mostly all of them. After all, many of those old men are so worn out from running around the country giving examinations that they will welcome a surcease. I cannot recommend this, however. The specialty boards have made such a fundamental contribution to the improvement of the standards of surgery and medical practice in this country that they must continue for some time to come. But they must permit more flexibility in the certification of men for practice. The boards, in their efforts to be fair and to avoid criticism, have of necessity set up certain standards, but the time has come when these must be modified or altered in particular instances. There is no complete answer to the question "when is a man properly trained?" Certain individuals can train for fifty years and still not be as competent as others who after one year of internship are practicing according to good basic principles, with an intense devotion to their work, and above all, with a capacity to learn from experience. Somewhere between these extremes there is a medium, a happy, and I would hope a flexible medium, which I suggest should be maintained for the present by the certification boards but gradually should come under the guidance and aegis of the medical schools through their respective hospitals. There are and will be many occasions when the qualifications of a man to practice in a general or a special field can be better determined by those who have known him and are working with him than by any examining committee sitting around a table. This might, you may say,

allow for criticism and complaints of partiality. But the prestige of the boards is such now that if they could combine their activities, as is now being done under the Joint Committee of the American College of Surgeons, the American Medical Association and the American Board of Surgery, and if these activities in regional areas could be fostered and guided by the university medical schools, all danger of unfair partiality would be eliminated. I realize there are many facets to this problem and the matter is by no means as simple as these remarks of mine would imply. What I am pleading for, however, is a renewed emphasis on "education and development" rather than "training."

In conclusion, there is much which you can and will do in your daily lives to prevent the dismal picture which I have drawn of 1973 becoming a reality. If you would enrich your lives, assure yourself of the maximum joys and satisfactions from your professional careers, and contribute in the greatest possible way to the future position of the physician as a friend of man, then learn, absorb and conduct your lives according to those ideals and principles which you will find so well expressed in the addresses of Sir William Osler. Acquire "the art of detachment." Learn "the virtue of method and the grace of humility." Accept the fact that you are going to make mistakes and be in error, and learn from your mistakes so that instead of "slowly deceiving yourselves you will draw from your errors the very lesson which may enable you to avoid them." Above all, learn the master word in medicine, "Work." *Carpe diem!* You must educate yourselves. You cannot be trained like dogs. There is not a moment to waste. In your daily activities have no thought for

the future and do not dwell on the past. Rejoice in the glorious now and give it all you have.

And if I may be permitted a direct quotation, "Learn to consume your own smoke. The atmosphere is darkened by the murmurings and whimpering of men and women over the non-essentials, the trifles that are inevitably incident to the hurly-burly of the day's routine. Things can not always go your way. Learn to accept in silence the minor aggravations. Cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work so that those about you may not be annoyed with the dust and soot of your complaints. More than any other, the practice of medicine may illustrate the second great lesson, that we are here not to get all we can out of life for ourselves, but to try to make the lives of others happier. This is the essence of that oft repeated admonition of Christ, 'He that findeth his life shall lose it, and he that loseth his life for My sake shall find it,' on which hard saying if the children of this generation would only lay hold there would be less misery and discontent in the world."

Finally, if misfortune assails you and you fail, and you will fail sometimes, since it is a part of our very existence, meet it with a cheerful equanimity, secure in the knowledge that your education, your background and your ability to work will surmount the worst of defeats. Like Teucer when Telamon drove him from his native Salamis,

"Nil desperandum.

.
Cras ingens iterabimus aequor."

Which means, "Wake up, chum, the speech is over!"

Alumni Day and Class Day



GEORGE P. DENNY, '17, JOHN HOMANS, '03
AND FRANK B. BERRY, '17

This year Alumni Day and Class Day fell on May 28 and 29. Once again both occasions were blessed by superb weather.

The Alumni Day activities began with registration early in the morning and at nine-thirty a sizeable group was on hand for the business formalities of the Annual Meeting. By vote of the Executive Committee the date of the Annual Meeting was changed from the time of the annual meeting of the American Medical Association to the time of the Alumni Day meeting at the Medical School. Since Alumni Day activities are now combined with reunions, a very large, representative group of the Alumni were on hand for the business meeting. The President, Frank Berry, presided, and reports were heard from Dr. Berry and Dr. Lanman. The following were elected as officers of the Association: President, Lewis W. Hackett, '12; (Past President, Frank B. Berry), '17; President-Elect, Conrad Wesselhoeft, '11; Vice President, C. Sidney Burwell, '19; Secretary-Treasurer, Curtis Prout, '41. The announcement of the balloting for Councilors disclosed that the following were elected to that office:

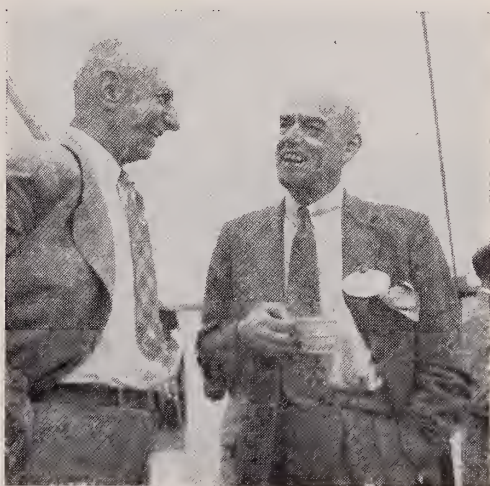
Russel H. Patterson, '18	1953-1956
Richard P. Stetson, '26	1953-1956
J. Englebert Dunphy, '33	1953-1956

The business meeting was immediately followed by a medical symposium with the following speakers:

Dr. Oliver Cope, "How Scientific Facts are Hamstringing Medical Education." Dr. Cope presented a lucid and frightening analysis of how the addition of various fields of knowledge to the medical curriculum was expanding the training period to the point where unless something is done about it soon the average physician will be ready for retirement before he is fully educated!

Dr. John F. Enders, "Recent Studies in Poliomyelitis." Dr. Enders gave a fascinating account of studies in the Department of Bacteriology with reference to identification and culture of the poliomyelitis virus. These basic studies have contributed vastly to the attempts to develop immunological methods of coping with poliomyelitis.

Dr. Eric Ball, "A Harvard Experiment in Medical Education—The Integrative Teaching of the Basic Medical Sciences." This report gave the Alumni an oppor-



PAUL R. WITHINGTON, BYRON P. STOOKEY, '13



JOHN ROCK, '18, WILLIAM BENTINCK-SMITH,
AND J. ENGLEBERT DUNPHY, '33



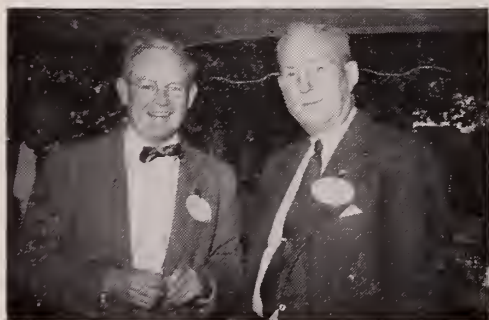
FRANC D. INGRAHAM, '25, JAMES R. REYNOLDS



EUGENE C. EPPINGER, '30, S. BURT WOLBACH, '03



CHARLES C. LUND, '20, OLIVER COPE, '28



J. ENGLEBERT DUNPHY, '33, ARTHUR T. HERTIG, '30



THOMAS H. LANMAN, '16, POWELL CABOT
AND CONRAD WESSELHOEFT, '11



JAMES B. AYER, '07



RICHARD WARREN, '34, DEAN GEORGE P. BERRY

tunity to see what the Medical School is doing to meet the problems presented by Dr. Cope. Dr. Ball's report was of such interest that it is hoped that later in the year it will be published in its entirety in the BULLETIN.

Dr. Claude A. Vilée described his "Adventures with Metabolism of the Placenta." By means of analysis of maternal and fetal bloods and by study of the behavior of tissue slices in vitro, much new light has been thrown on the functions and activities of the placenta. In certain circumstances the placenta acts as a sort of pump to transfer certain substances to the fetal stream and it acts as an accessory liver for the fetus. It regresses metabolically as gestation proceeds.

Dr. Shields Warren defined the "Role of the Pathologist in Medical Research." Dr. Warren's talk made it abundantly clear that pathology is not yet a dead discipline and that the opportunity for the pathologist in the vastly widening fields of medical research is a fundamental and exciting one.

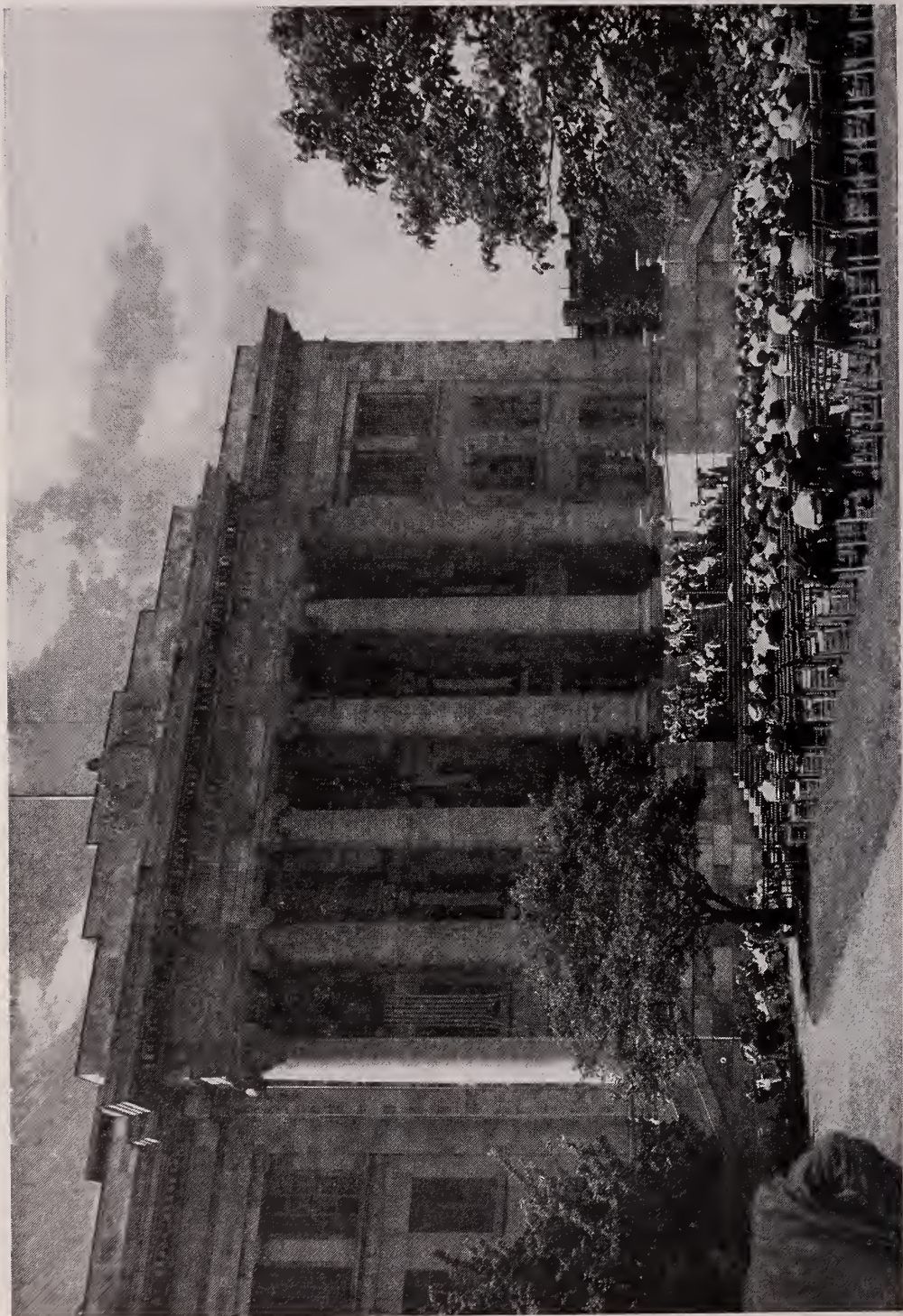
Dr. John Rock's dissertation on "How to Get Your Son" will be published in the January issue of the BULLETIN.

Following the symposium, which was given to a completely jammed and overflowing amphitheater, the Alumni gathered in the Quadrangle for beer and luncheon. Approximately 700 Alumni and Faculty participated.

In the afternoon the Alumni broke up into small groups and then gathered in the evening for cocktails and dinner at their respective reunion parties. The following classes held reunions: 1903, 1908, 1913, 1918, 1923, 1928, 1933, 1938, 1943A, 1943B, and 1948.

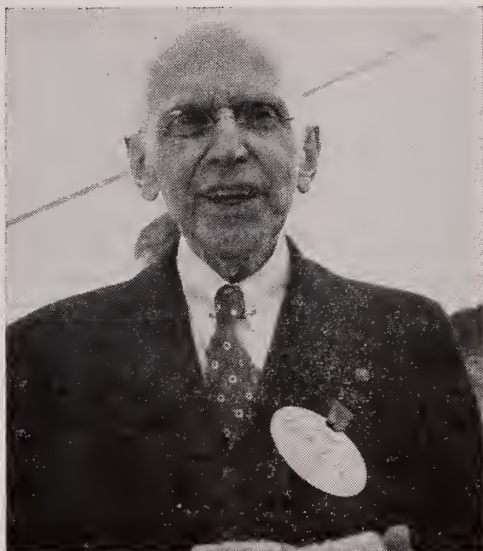
On the following morning a considerable number of the Alumni returned to the Quadrangle to participate in the Class Day Exercises. The program for Class Day was as follows:

GREETINGS BY THE DEAN
CLASS OF 1953
VICTOR HOWARD PENTLARGE
ANNOUNCEMENT OF PRIZES
AND
AWARD OF THE
HARVARD MEDICAL ALUMNI ASSOCIATION PRIZE
CLASS DAY ADDRESS
JOHN ENGLEBERT DUNPHY
ASSOCIATE CLINICAL PROFESSOR OF SURGERY
VALEDICTION BY THE DEAN





EDWIN C. CARTER, '53, GERALD W. SHAW, '28



ELLIOTT P. JOSLIN, '95

The Alumni Prize was presented to Edwin Lee Carter of the Class of 1953 by Gerald W. Shaw, of the 25th Reunion Class. The Alumni Prize consists of a check for \$200.00 and is accompanied by the following letter:

May 29, 1953

Edwin Lee Carter, M.D.
Harvard Medical School
Boston 15, Massachusetts

Dear Doctor Carter:

The enclosed check and the congratulations and good wishes which go with it symbolize the bond of sympathy and friendship which unites the student body and the Alumni of the Harvard Medical School. You have been chosen for this award, the Harvard Medical Alumni Association Prize for 1953, because your broad interests, steadfastness of purpose, well-balanced personality and general competence promise that you will be a good doctor and place you among those best qualified to foster the student-alumni relationship. In the words of Sir William Osler, you "divide your attentions equally between books and men."

Congratulations and good wishes!

Sincerely yours,

FRANK B. BERRY, M.D., *President*

J. ENGLEBERT DUNPHY, M.D., *Secretary*

The Class Day Speech was given by J. Englebert Dunphy, Clinical Professor of Surgery, and Surgeon, Peter Bent Brigham Hospital, and is published elsewhere in this issue.



EMIL J. DRVARIC, '53 AND FAMILY

Reunions

Fiftieth Reunion

The Class of 1903, Harvard Medical School, held a reunion in celebration of the 50th Anniversary of its graduation on Thursday, May 28, 1953. Forty-eight members of a Class, which entered the School in 1899, to the number of 150 (plus) and graduated about 110, are believed to be alive. Ours is the next to the last Class to have entered the School without the requirement of a college degree.

The Secretary has complete records of only three previous reunions, 1923 (20th), 1928 (25th) and 1938 (35th) though at least two others have undoubtedly been held (1908?, 1933?).

Ten members attended the morning talks and the Alumni luncheon at the School and twenty-two came to the dinner at The Country Club in Brookline (kindness of Wolbach). But for the sudden illness of Boutwell, the count would have gone to twenty-three. The following were present at dinner: Robert E. Andrews, Frederick J. Bailey, Francis R. Burke, P. F. Butler, George O. Clark, Philip H. Cook, George E. Deering, George E. Emerson, Albert C. England, Ralph R. Fitch, Abraham Green, Edward M. Halligan, John Homans, Isadore S. Kahn, William P. MacLeod, Daniel F. Mahoney, David W. Parker, Daniel B. Reardon, Walter L. Sargent, Joseph Stanton, Edward C. Sullivan and S. Burt Wolbach. One member (Kahn) had come to the reunion from Texas, one (Fitch) from Rochester, N. Y., one from New York City (MacLeod), two had driven from Springfield, two from Worcester, one from Manchester, N. H., and one from Newburyport. The rest came from Boston and its environs. All were able to climb one flight of stairs to dinner, two-thirds could have done so at a smart pace and all who came by automobile drove home safely afterwards.

At the request of the group, the Secretary read over the list of the original members of the Class so that old friends might be recalled to the affectionate recollection of the survivors. As the Class of

1903 had been one of the last to be taught in the old School on Boylston Street and had been almost completely unaware of the exciting events leading to the creation of the present School, the Secretary, having made use of Dr. Richard Warren's permission to examine the unpublished reminiscences of his grandfather, the late Dr. John Collins Warren, and having read over the minutes of the Faculty Meetings through the turn of the century, came up with the following information.

"In 1874, forward-looking members of the Faculty, with encouragement from President Eliot, proposed to secure land on the corner of Exeter and Boylston Streets and raise \$200,000 for the land and a new building—replacing the pathetic North Grove Street School. A public meeting of Boston's most distinguished and public-spirited citizens was held. The chairman, who found himself saying "Ladies and Gentlemen" only to discover that one lone lady was present, was obliged to correct himself and address in the singular this enterprising female. Money was rapidly raised but it was not for nine years (more than \$300,000 was finally needed) that the last thing in medical schools, the one so well known to 1903, was ready. It possessed a large chemical laboratory but the 'crowning glory of the building' in the eyes of the older members of the Faculty was the anatomical amphitheatre, its walls adorned with portraits and busts of distinguished surgeons and anatomists. At the inaugural ceremonies in 1883, Oliver Wendell Holmes, of course, made the principal address. He said that there were more amphitheatres and lecture rooms then would seem to have been called for, but reminded his hearers that frequent change of their surroundings would prevent the students from suffering the fate of a canary under a bell-jar—asphyxiation from accumulated carbon dioxide. Being free from the danger of asphyxiation, the students would presumably remain wide awake. (How-



CLASS OF 1903



CLASS OF 1908



CLASS OF 1913

ever, the Secretary suggests that others beside himself have enjoyed several good snoozes at after-lunch lectures in that building)."

"About 1890, Dr. Henry P. Bowditch, our Professor of Physiology who, with Dr. John Collins Warren, labored unceasingly and successfully during a quarter of a century for the development of the School, noticed the terms of the will of Peter Bent Brigham and the prospect it opened for a new era in medical education; that is, direct hospital affiliation. But it was not until the years covered by our Class's attendance that formal action in this direction, obviously favored by President Eliot, was taken."

"On December 23, 1899, Dr. Bowditch suggested that the School secure enough land for its buildings and hospital, some 10-20 acres, that it borrow money to pay for it and arrange for further permanent financing. In February 1900, the Faculty voted to concentrate the group of buildings and to have a hospital under the control of the Harvard Medical School. By June 1900, the Francis lot in Roxbury had been bought, being held, generously, by a group of public-spirited citizens headed by Major Henry L. Higginson, and a Committee was formed to plan buildings and select an architect."

"It was in 1900 also that, at the suggestion of Mr. Higginson, the indefatigable pair, Bowditch and Warren, asked Mr. J. P. Morgan for the first of the large sums required for the present School. An appointment was made for a morning in March 1901 at 23 Wall St., and though they only saw Mr. Morgan for perhaps one minute and a half, arrangements were made for a visit to the Morgan office by the architect, Charles A. Coolidge, with his plans."

"In June 1901, word came from London of Mr. Morgan's gift of \$1,185,000 toward the nucleus of buildings for the new School, an announcement which was to lead to further great contributions. Already attempts had been made, with the aid of Dr. William B. Coley of New York,

to interest Mr. John D. Rockefeller, but now Dr. Coley discovered that Mr. Rockefeller had begun to consider seriously taking part in the enterprise. And so Bowditch and Warren went on to see what they could do with *him*. Actually they never saw him at all but they touched off what turned out to be an exhaustive inquiry by his representative, Mr. Starr J. Murphy, into the status of the Harvard Medical School, its prospects and plans, and into the comparative anatomy of medical schools in general, both here and in Europe. The Faculty was searchingly questioned, and finally in January 1902, Dr. Coley announced that Mr. Rockefeller had agreed to give \$1,000,000* provided that \$500,000 additional be raised. Soon it was raised, and more too, so that on April 5, 1902, Dr. James C. White, the grand old man of dermatology, was moved to address the Faculty, praising the services of the Bowditch-Warren team and giving an account of the various sums: Mr. Morgan's \$1,185,000, Mr. Rockefeller's \$1,000,000, the \$250,000 Huntington gift, and others making a total of over \$3,000,000."

"Of all this, our Class had hardly an inkling. Nor was it aware of another, actually tragic, event of our last year which probably played a part in later developments at the School that was to be. In the fall of 1902, an epidemic of typhoid fever broke out among a group of students, many of them medical school men, who had been eating at a boarding place on Columbus Avenue. There were more than 30 cases, a dozen of which were treated at the City Hospital, the rest scattering to their homes. One first year student died, and a third year man, Fearney, who recovered, wrote a letter to Dr. J. Babst Blake (who had interested himself greatly in the affair) in which he states rather mildly that 'While we recognize the high standard of the Medical School, yet it seems to me they (sic) would accomplish more if they

*Since writing the above, Mr. Jerome D. Greene has informed the Secretary that he believes Mr. Murphy recommended a gift of \$500,000, but Mr. Rockefeller doubled it.

looked after the physical side of the student's life as well as his mental.' (H.M.S. Archives. Ernst. G. A. 25, Box 4, Envelope #5)."

"During the spring of 1903, a pamphlet was prepared and is preserved in the Faculty's Minutes in which many matters brought up by the prospects of a new school are discussed; among others, the acquisition of a proper dormitory in the new buildings and a properly conducted dining hall for the students 'to the end that none of them be compelled to run the risk of negligence or worse that proved so disastrous in a boarding place last fall.' It was also proposed that, in the new School, improvement in the mental environment be secured with better *esprit de corps* for the students and a more satisfactory relation to the community. In this connection, lectures were planned to be given at the School by men of various callings—the first, and a most instructive one, by President Eliot. (Quarterly Bulletin of the Harvard Medical Alumni Association, January 19??)."

"Well, it was twenty years before Vanderbilt Hall was built, the School in the meantime slowly growing up to its marble buildings, and the World War I intervening."

Following the Secretary's monologue—artificial means were employed to prevent sleep—the rest of the evening was devoted to reminiscence tintured with recitation, poetry (Reardon, Stanton) and even song (Cook), and constantly enlivened, as the radio announcers say, by Halligan's "musical interpretations" upon the piano. This talented musician also offered accompaniments, and it was extraordinary how often the vocalists and he agreed upon the appropriate key. There was a general feeling that the 50th should not be allowed to be the concluding reunion, but as to that, the Secretary realizes that spontaneous efforts in future years, must, God willing, govern. He wishes to express his conviction that the Medical Alumni Association has, especially in late years, been extraordinarily successful in awakening and keeping active

the interest of the School's graduates, the spirit which the Faculty of 1903 thought it so important to cultivate.

JOHN HOMANS, *Secretary*.

Forty-Fifth Reunion

The 45th Annual Reunion of our class was held on May 28, at the St. Botolph Club. There were present 13 members as follows: Martin Edwards, Isaac Hartshorne, C. Guy Lane, William MacFarland, Hyman Morrison, George W. Moore, Raymond A. Quigley, Lucius A. Salisbury, George G. Smith, Albert S. Tenney, Ralph W. Tuttle, Frederick O. West, and William S. Whittemore. Dr. Quigley came on from Everett, Washington for the sole purpose of attending this reunion.

I think everyone enjoyed this meeting very much indeed. The dinner was excellent and the hour or so spent in going over each man's present status and point of view about various things was very interesting. I would think that our class had done very well in supporting the Medical Alumni Fund.

GEORGE GILBERT SMITH, *Secretary*

Fortieth Reunion

About twenty-five members of the Class attended the morning meetings and lunch at the Medical School. There was no scheduled activity during the afternoon and the class met at the Tavern Club for dinner at 6:00 P.M. A fairly long preprandial interval opened the door to renewal of old times and friendships and free flow of ideas. There were about twenty for dinner, many of whom had come from a distance, but none so far as J. Hung Lin from Formosa. He was the most sought after man in the Class and gave us a little inside picture of Free China.

There were no formal speeches but plenty of speech. Considering that many of the Class are practicing or retired in the far West and South, an attendance of about one-third of the living members was excellent.

It was (to me at least) an extremely



CLASS OF 1918



CLASS OF 1923



CLASS OF 1938



LEWIS W. HACKETT, '12, J. HENG LIU, '30
AND HUGH L. ROBINSON, '22

pleasant reunion and I think the others felt the same way.

GEORGE P. DENNY, *Secretary*

Thirty-Fifth Reunion

The reunion dinner at the Harvard Club for the Class of 1918 was attended by approximately twenty-six members of the Class and three visitors from 1916, Maurice T. Briggs, Thomas R. Goethals, and Thomas H. Lanman. Frank Berry, '17, was also present. Most of those present came from Massachusetts, but Arthur C. Scott, Jr. arrived from Texas, Herbert M. English from Indiana, E. K. Steenburg from Nebraska, and Elmar S. Waring from Virginia.

There were no formal speeches, but Tom Goethals and Maurice Briggs spoke for their class and several of our own class got up and made informal remarks.

ROBERT M. LORD, *Secretary*

Thirtieth Reunion

Thirty-five members of the Class of 1923 registered at Harvard Medical School at 9:00 A.M. on Thursday, May 28.

The Alumni Association provided an interesting morning program to which all the alumni and their wives were invited.

At 12:30 P.M. a buffet luncheon was held in the Quadrangle, and here it was possible to catch up to date with members of other classes than our own. All in all this was a most delightful way to celebrate the occasion of our thirtieth reunion.

In the afternoon members of the Class

were on their own, reassembling at the Harvard Club for the Class dinner. President Jim White presided. Your secretary read a report on the status of the Scholarship Fund which we had voted at our twenty-fifth reunion. This fund was to run for five years and therefore was terminated this year. From here on the contributions of the members of the Class should go to the Alumni Association as a contribution for the support of the Harvard Medical School.

Jim White read the names of the following members who have died since our twenty-fifth reunion. Burton M. Clark, Jr., John M. Fallon, John S. Harlow, Claire L. Ogle, Evans W. Pernokis, Wyman Richardson, Louis F. Wetterberg, and Vivian P. White. Several members of the Class present spoke in tribute to these friends who have left us. We all were much saddened to hear of their deaths.

For those of us who live near the Medical School it was a great pleasure to see again those who live in other parts of the country, and we only wish that all our present members had been able to attend. After the usual after-dinner stories it was moved to adjourn the meeting.

Our next reunion we hope will be an even greater success.

ROBERT L. GOODALE, *Secretary*

Twenty-Fifth Reunion

On the evening of Wednesday, May 27 at The Country Club in Brookline, members of the Class and their wives gathered over cocktails and a dinner worthy of the occasion. Dean Berry greeted us with a recital of the present status of the School, prefacing his remarks with the sad announcement that Reginald Fitz had died only an hour or so previously.

On Thursday morning many of us gathered to hear a succession of Alumni Day speakers holding forth in Building E, John Rock without question achieving a permanent niche in the Hall of Fame of Scientific Humor with his address on "How to Get Your Sons." Wives and classmates then gathered in the Faculty Room, and



CLASS OF 1928



MARSHALL K. BARTLETT, '28
CHARLES B. BURBANK, '38



PAUL H. WILSON, '28 AND MRS. WILSON
AND ELLIOTT P. JOSLIN, '95

the Class was photographed on the steps of Building A to stand the test of posterity's judgment as to the aging of its members. Lunch in the quadrangle followed. During the afternoon the wives journeyed to Bedford to enjoy the kind hospitality of Dr. and Mrs. William Davis, '28 at their charming old house. Again reunited classmates and wives flocked to the Somerset Hotel, and after a long pause over cocktails, the former adjourned to the Harvard Club for the Class dinner and the accompanying anecdotal reports by all present ably manipulated by Paul Wilson. The wives in the meantime had remained at the Somerset for dinner and under the gentle hand of Mrs. Marshall K. Bartlett husbands were not missed.

Thus ended the formal Reunion attended by 47 of the Class and 37 wives from as far away as Texas, and California. All, however, were invited to attend the School's Class Day Exercises on Friday morning followed by luncheon in the Quadrangle and those not attending these exercises missed an extremely pleasant occasion. As we returned to our respective ruts in the road of life, it is suspected that the predominating feelings were that we were glad we had come and that we felt amply rewarded by new knowledge of the School and by the re-

newal of acquaintanceships and friendships of a former day.

JOHN P. MONKS

Twentieth Reunion

The Class of 1933 gathered for cocktails and dinner at the Harvard Club on the evening of Alumni Day. The following were present for dinner: Ralph H. Adams, George B. Beaman, Jr., Bradford Cannon, B. C. Corbus, Jr., J. Englebert Dunphy, John J. D'Urso, Kendall Emerson, Jr., Dana L. Farnsworth, Charles F. Ferguson, Jeremiah E. Greene, Edward Hamlin, Jr., Leonard Withington Hill, William R. Hill, Jr., Stanford W. Hopkins, Theodore H. Ingalls, August F. Jonas, Jr., James Lewis, Rolf Lium, Merritt B. Low, George W. Lynch, John Walter Martin, Jr., George McC. McKelvey, Francis J. McNamara, Benjamin F. Miller, Francis Murphey, Newman C. Nash, Howard G. Nichols, Kenneth B. Olson, William Reid Pitts, Thomas Bartlett Quigley, Carter R. Rowe, Clarke Staples, Daniel J. Sullivan, Robert L. Thomas, William J. Turtle, John L. Ward, George M. Wheatley, Charles S. Whelan, Robert W. Wilkins, and J. Wallace Zeller.

Dean George Berry attended the dinner, which was the 20th Reunion of the Class. After dinner the Dean spoke on the prob-



NORMAN H. BRUCE, '34
THOMAS W. WICKHAM, '13

lems of the Medical School and there was a lively and interested discussion. J. E. Dunphy, Chairman of the Fund Committee, reported on the progress of the Annual Giving Program for that year, and at that time '33 had already established a percentage participation of nearly 70% of the total membership. It is of interest that since that time additional contributions were received so that at the close of the drive for the 1952-1953 year, the Class of 1933 had recorded a total participation of 95% of its membership with a grand total of \$5,634 received. This placed the Class fifth in total contributions, and highest in number of members and in percentage of contribution.

On the afternoon and evening of Class Day a number of the Class of '33 met for cocktails, dinner and to spend the night at the Groton Inn. A group of 20, including wives, were there for dinner and an informal get-together. This occasion was so well enjoyed by all present that it is felt at the time of the 25th a similar but more formal arrangement should be made.

J. ENGLEBERT DUNPHY, *Secretary*

Fifteenth Reunion

The fifteenth reunion of the Class of 1938 was held at the Harvard Club of Boston Thursday, May 28 at 6 P.M. A

total of twenty-eight men appeared and stayed to enjoy the evening together. There were several letters from members who were unable to attend. John Weston wrote from Fairbanks, Alaska, inviting one and all to the far north for hunting and fishing.

After an excellent meal, there was a short business meeting, during which the Secretary brought the members up to date on the standing of the class in the Alumni Fund Campaign. The members present decided to continue their class insurance program as it now stands. It was decided that the Secretary should appoint a committee of about eight men to contact some of the class members who had never been heard from in the appeal for funds for the Alumni Fund. Charlie Burbank then took over as master of ceremonies for the rest of the program, during which several interesting anecdotes were heard from various members. The highlight of this part of the meeting was Strobino's story of "The Flying Humeral Head or The Trials of a Consultant Orthopedic Surgeon in Upper New York State."

The meeting adjourned with all present looking forward to our next reunion.

IRAD B. HARDY, *Secretary*

Tenth Reunion—1943A

Our tenth anniversary festivities took place in conjunction with the Alumni and Class Day exercises. 48 members of the class and 28 wives participated. A sumptuous cocktail party was held in the great hall of R. C. Webster's manor house in Brookline. Here began the recording—by tape recorder—of informal remarks by each member of the class for transmittal to the "West Coast" to that large and loyal group, representatives of which had already sent East another tape to be played off at the dinner. Dinner was held in a state of reasonable disorder and insobriety in one of the lesser rooms at the Harvard Club. Recordings continued throughout the evening, controlled and directed by H. P. Brown. Outstanding limericks from Schaaf, confessions of an analyzed psychiatrist by Cederquist and a demonstra-



CLASS OF 1943—MARCH



CLASS OF 1943—DECEMBER



CLASS OF 1948

tion of the triumph of mind over Morpheus by B. Harris highlighted the evening. All remarks were recorded for the West Coast. Concurrently a buffet for the wives was held chez Jackson.

The next afternoon a picnic took place at Crane's Castle in Ipswich complete with baseball, beer and baritones, also lobster. The setting was calculated to make the group feel that they were once again living in the style to which they were accustomed. The other class of 1943 joined us in this party, and it was a pleasure to see them too. No casualties were recorded, though we won the ball game.

JAMES H. JACKSON, *Secretary*

Tenth Reunion—1943B

Who is that professor by the bedside there,
Dropping pearls? And who that lofty surgeon
Withering the scrub nurse with his cold and
acid stare?

Who is that sage boldly ploughing virgin
Fields to swell his lengthy bibliography?

Who is this legion of the wise and skilled and
famous

Whose praise is loud sung in each biography?

Who? Ah, Boys, our youth, if known, would
shame us—

Flunking quizzes, missing murmurs, tight

In raucous bacchanals across the street

Waking pregnant ladies in the night—

Hark. These echoes from the past are sweet:

Within each new and strange exterior

Their lies, thank God, an old interior.

J. C. N.

The Class of 1943B gathered sixty-one strong to commemorate its tenth anniversary reunion at Harvard Medical School. The three-day festivities included a stag dinner at the Harvard Club. Tom Healey and Jim Clarke were returned to their respective offices as President and Vice-President with acclaim; John Brooks has assumed his duties as the new Secretary, and John Tuthill has taken over the task of planning for the 25th reunion contribution to the School. "Professor" Jim Campbell held the group spellbound as toastmaster, and Farrington "Divilish Cunning" Daniels put the crowning touch on the evening with a masterpiece of humor.

The next day found the Class at the Crane Estate in Ipswich where a joint outing was held with 1943A. We lost to our elders in softball, but we felt this was only fitting. The evening was rounded out with lobster and singing.

It was pleasant to look back on the trying days of anatomy and pathology; upon the thrill of the first patient and of hospitals. We could recall surgery at the General, medicine at the Brigham, John at the janitor's desk, Mahady's and even Sparr's. And even closer, those few months as privates in 1943, confinement to quarters, reveille, and Fairbanks.

The memory of many of these once compelling events has been lost in the confusion of postgraduate training and service. Our conversation dwelt at length on each other's professional progress to date, family size, and plans for the future.

Once shaken down as John Nemiah's poem would have it, we found "within each new and strange exterior . . . thank God, an old interior"—a member of 1943B.

JOHN BROOKS, *Secretary*

Fifth Reunion

On May 28th, the Class of '48 held its 5th reunion dinner at the Harvard Club. Although many of the class were out of town on foreign and domestic tours for the armed forces, a total of 27 men appeared. Spirits were generally high, Wilcox's being highest!

Despite some distraction and frivolity, a few important news items emerged. In the five years since graduation there have been no deaths in the class—remarkably good fortune for such stormy times.

Among those present, the principal achievement appeared to be a high birth rate. No one was in private practice and only one—John Ohler—seemed likely to be in the immediate future. An astonishing number were in a specialty, particularly psychiatry and ophthalmology. Happily, nobody became ill enough to require professional attention.

CURTLAND C. BROWN, *Secretary*

How to get into the Harvard Medical School

1900 A. D. Version

FREDERICK L. GOOD, '04

Not long ago I called at the office of Jim Faulkner, Dean of Boston University Medical School, to intercede for a young gentleman who had applied for admission to Boston University Medical School and who had been notified of his rejection. This particular candidate had graduated from one of New England's leading colleges. His marks were such that he thought there was no question but that he would be accepted wherever he might apply. He had been informed by Jim that good as were his grades, averaging about 85%, the grades of the successful candidates averaged about 90% or better.

After my talk with Jim I was convinced there was no chance of the young man being admitted that year. I so informed the candidate and suggested to him that he take one year of post-graduate work in chemistry, biology, comparative anatomy, etc., and then apply for admission one year later. He followed my advice and again received marks averaging about 85%; again he applied for admission and again he was not successful.

During our conversation Jim Faulkner remarked: "There is no marked difference in the requirements for admission to medical school today than was the case at the time when you and I entered Harvard Medical School. You know it was not easy for you to be admitted to Harvard Medical School." Before he could say any more I courteously interrupted him and said: "Jim, my problem was not how to be admitted, but rather how I could stop myself from being admitted."

I told Jim my story and now, many months later, I have been asked if I would allow that story to be published in our Alumni BULLETIN. Let it be understood,

then, that I did not seek the BULLETIN for its publication—rather, the BULLETIN sought me. So here is my story—a story which to be understood necessitates my telling of my preliminary training, etc.

I was born in Cambridge and after graduating from St. Paul's Grammar School in 1896, I entered Cambridge Latin School as a member of the Class of 1901 (the course at Cambridge Latin School at that time being one of five years). During summer vacations I worked at the Harvard College grounds in the capacity of a guide. Previous to 1896 anyone who wanted to show visitors the Harvard grounds and buildings could do so. In 1896 the College authorities decided they would designate those who could act as guides and decided that the guides would have to be either students at Harvard or boys of high school age who were preparing to enter Harvard after graduation from high school. All the guides were under the supervision of the College Bursar. Benches were provided directly outside University Hall on which the guides were seated until called upon to perform their duties. The close proximity of the guides' benches to University Hall made it quite easy for us to develop at least an acquaintance, if not a real friendship, with some of the officers of the University.

In June, 1900, I had completed my fourth year at Cambridge Latin School. As was the custom at that time, I took the so-called "preliminary examinations" for admission to Harvard College. If one passed the preliminary examinations he took his final examinations one year later and, if successful in the final exams, he could then enter Harvard College. In 1900 there was no "College Board" examination, the passing of which today allows one to enter any

college. If you wanted to enter Harvard you would take the Harvard exams; if you wanted to enter Yale you would take the Yale exams, etc.

The Master of Cambridge Latin School, the late Mr. William F. Bradbury, "recommended" me to take preliminary examinations in English, American and English history, Latin, Greek, French and physics. He did not recommend me to take the preliminary examinations in algebra and geometry because of my having flunked both of those courses at Latin School.

I knew that over the years some others who had flunked courses and were not recommended to take the preliminary examinations in the subjects they had flunked, nevertheless took the examinations in the "flunked subjects", and if they passed the same successfully, the passing grade in the examination nullified the flunk at school. Much to my surprise I passed every subject in the preliminary examination and it pleased me to think that I could enter Harvard in the Class of 1905.

In the year 1900 Cambridge Latin School re-opened on the day after Labor Day. As I entered the building at 9:30 A.M. I was met by Miss Dodge, the secretary of Mr. Bradbury, who informed me that Mr. Bradbury wanted to see me in his office before I went to the senior classroom. That pleased me because I felt he wanted to congratulate me on my good luck in passing the examinations in algebra and geometry. That pleasure lasted just about five seconds because, instead of being congratulated, I was told that I was to take algebra and geometry with the Junior Class but could take the other courses with the Senior Class, and that I could not graduate in 1901 since it would be necessary for me to return to school in 1902 to take my "advanced" courses in algebra and geometry. That made me a member of the Class of 1902.

When one was appointed a guide he promised to at least try to perform his duties until October first of each year. When I left Cambridge Latin School that day after Labor Day I walked the short

distance from the school to the Harvard yard and told the other guides of my ill-fortune, insofar as my visit with Mr. Bradbury was concerned. They were all sympathetic and suggested that I see Mr. Stanley Cobb, who at the time was Secretary of the Lawrence Scientific School. I told them there were two reasons why I could not see him:

1. I felt I did not know him well enough.
2. I did not think Mr. Cobb could make Mr. Bradbury change his mind.

College that year (1900) opened on September 28th. On the afternoon of September 27th. I reported as usual at the Harvard yard and was met by a Mr. John O'Donnell, a graduate of Harvard in the Class of 1900, who was also a guide (now deceased), and was told by him that "Stanley", meaning the Secretary of the Lawrence Scientific School, wanted to see me. Mr. O'Donnell told me that if I did not mind he would go with me to Professor Cobb's office in University 5. We entered the office and the conversation was as follows: "Fred, did you know that this year is the last year that one can enter either Harvard Law School or Harvard Medical School without a degree of A.B., B.S., or 'the equivalent of the same'?" I answered I did know that. I was then asked: "Well, why don't you enter Law School tomorrow?" I laughed and said: "I could not if I wanted to because I did not take the entrance examinations for admission to Law School." Professor Cobb informed me he thought the preliminary examinations for admission to the college proper, which I had passed the previous June, would be enough to allow me to gain admission to Harvard Law School. He said: "At least, I will do everything I can to have them admit you because it is my opinion that the examinations given for admission to Law School and to Medical School are not nearly as "stiff" as are the preliminary examinations for admission to the college. I suppose I somewhat surprised Professor Cobb and Mr. O'Donnell by saying: "Well, I don't think I would be interested in law, but I am certain I could make myself interested in medicine."

Without any further ado Professor Cobb telephoned Dr. William Lambert Richardson, Dean of the Medical School, presented the facts to him, and at the conclusion of the telephone conversation told me to be at Harvard Medical School, corner of Boylston & Exeter Streets, Boston, the next morning at 9 o'clock, with a registration fee of \$5.00. He also gave me a very fine letter of introduction to Dr. Richardson.

Psychiatry, as a specialty, was in its infancy at that time, and that is why I think that when I went home from the Harvard yard late that afternoon and told my parents that I was entering Harvard Medical School the next day that a psychiatrist was not called to look me over. However, when I explained to them how it was brought about, they agreed that if I thought I would really like medicine and if I thought I could make the grade, I could go to Harvard Medical School.

The next morning, shortly before 9 o'clock, I appeared at the office of Dr. Richardson and presented my letter of introduction to Miss Sullivan, the Dean's secretary, who informed me that she knew that I was coming since Dr. Richardson had told her yesterday that he had admitted me—admission over the telephone! However, it appeared for a few minutes as if I would have to go right back to Cambridge Latin School because after he had read Professor Cobb's letter and I had been formally introduced to him, Dr. Richardson said: "Mr. Good, Professor Cobb makes no mention of what your marks were in chemistry and qualitative analysis." I told the good Dean that there was no mention that could be made because I had never taken courses in chemistry or qualitative analysis. Quickly he informed me that he thought it would be absolutely impossible for me to enter Medical School. He added, however: "Sit down, young man, and let me talk to Professor Cobb on the telephone." He entered the telephone booth, called Professor Cobb and, whereas it might have been better for me to try not to hear the conversation, I nevertheless did hear it. I heard him say to Professor Cobb: "From what you say he must be a very

bright boy but, frankly, I have my doubts. However, I will do as you say and we will just have to await developments to see how it ultimately turns out." Dean Richardson left the telephone booth and informed me that Professor Cobb told him that he felt certain that if I were allowed to enroll not only in the Freshman Class of Harvard Medical School but also in the Freshman Class of Harvard Dental School, I could take the necessary courses in chemistry and qualitative analysis at the Dental School since the courses at the Dental School were given only one afternoon a week, and that on Saturday afternoons when there were no courses at the Medical School. Of course, I felt duty-bound to go along with Professor Cobb's appraisal of me and "modestly" informed Dean Richardson that I felt certain I could do as was outlined.

I left the Dean's office at the Medical School, walked down to North Grove Street, met Professor Smith, introduced myself, told him what I was supposed to do and was enrolled in the Dental School. If I recall correctly, the charge at the Dental School for taking the courses in chemistry and qualitative analysis was twenty dollars (\$20.00).

Every Saturday at 1 P.M. I went to the Dental School and at the end of the course I succeeded in passing the examinations; and during the second semester of my Freshman year was a full-fledged member of the Class of 1904 at Harvard Medical School.

I graduated in 1904 and interned in gynecology and obstetrics at the Boston City Hospital for two years; and from there went to the Boston Lying-In Hospital for six months, where I again came under the guiding hand of William Lambert Richardson. I am proud to say that the diploma I received when I graduated from the Boston Lying-In Hospital was the last diploma signed by Dr. Richardson. I was his last House Officer before his retirement.

As the years rolled on I found myself on the Committee on Admissions at one of our leading medical schools. I think I can truthfully say that more than a few fellows,

who would have been rejected for admission, were finally admitted because I did not see exactly eye to eye with other members of the Committee because certain candidates received marks of only 80% in biology, physiology, comparative anatomy, etc. These young men impressed me favorably and, regardless of their comparatively low marks in these subjects, I thought they should be admitted. Some of them were and they all did well during their four years at the school.

Let me state the case of one young man who applied for admission at a time when I was not a member of the Committee on Admissions. He had graduated *cum laude* from one of America's leading universities. However, he was rejected by every medical school to which he had applied for admission. He finally appealed to me to help him. Regardless of his *cum laude*, the then members of the Committee pointed out that his marks were "not so good" in what they considered the essential subjects. I finally advised him to work for a year and to apply again one year later, and I promised to help him. I kept my promise and finally had the young man admitted. His marks were such that he came very close to having a final average high enough to have him graduate *magna cum laude*. Had he not flunked one course there is no doubt in my mind that he would have been *magna cum laude*; but it was the rule of the school that on a make-up examination the highest possible mark that could be given was 75%. If he had received an 85 or a 90 in that course which he had flunked I feel certain he would have been one of the comparatively small group of students to graduate *magna cum laude*.

It might be interesting to state that the professor who flunked him in that one course was I—the one who, next to his

parents, was most interested in his career. He is today an outstanding physician, connected in responsible positions with our best hospitals and schools; yet it appeared for a long time that he would not be admitted to any medical school. Consider his case—he who had everything and found it hard to be admitted; and consider my case—I who just walked in with no ado.

Let me state that it is my considered opinion that all medical schools would turn out better graduating classes if more attention were paid to college courses in Latin, Greek, French, History, English and English Literature, and less attention paid to some so-called pre-medical courses—most of which, if not all of which, will be repeated in medical school. Many times in the course of lectures I have been asked questions by students which I know would not have been asked if they had taken but one year in Latin or Greek. For example, a hand would be raised to attract my attention and the question would be: "If the Caesarean operation is not so-called because that was the way Caesar was born, what is the derivation of the word?" I would ask: "What is the Latin verb meaning to cut?" Answer: "I don't know. I never studied Latin." I would then call for a show of hands as to how many had studied Latin and but few would be raised.

It pleases me to know that at the present time an effort is being made by many educators to have Latin, Greek, French, etc.,—especially Latin—restored to the place of prominence in the curriculum that was the vogue previous to twenty-five years ago. Now I hope that other educators will start a drive to have more stress placed on English, and English Literature. If success crowns their efforts I feel that medical schools will graduate students better equipped to practice medicine.

New Facilities At Harvard School Of Dental Medicine

REIDAR F. SOGNAES
Professor of Oral Pathology

It is now a decade ago that the Harvard School of Dental Medicine launched its new plan for dental education, a plan based on the growing conviction that dentists of the future will have need of an increasingly broader understanding of biology, a wider clinical experience, and a deeper knowledge of the methods and aims of research basic to health and disease. Dental disease in the United States, as in most other parts of the world, far exceeds that which can be treated or repaired by the supply of dentists or the use of conventional restorative methods. The future of dental medicine, therefore, lies in prevention, based on new knowledge of the causes of dental disease which must be gained through basic research and its application to practice. To implement its new program, the University has greatly increased the full-time teaching staff of its School of Dental Medicine and inaugurated a large-scale program of dental research. The Faculty has grown from 23 in 1945 to 42 in 1953. The funds available for research from grants-in-aid, gifts and contracts have increased twelvefold from \$9,800 to \$123,718 during that same period.

Commensurate with these developments, the School of Dental Medicine is now moving into expanded physical facilities. The additions and alterations, the most extensive since the present building was erected at 188 Longwood Avenue in 1909, include a full new story of offices and research laboratories built above the recently completed animal house. Also included is an additional group of offices, technical laboratories, and operating rooms at the second floor level, renovations in the library, construction of seminar rooms and relocation of existing technical laboratories in close proximity to the main clinic. As one im-

portant result of these changes, all clinical teaching activity will now be brought within a compact area designed to afford the closest contact between Faculty, students and patients.

This physical arrangement coupled with a relatively high teacher-student ratio permits the staff to teach by the tutorial method. Individual supervision, small group conferences, and seminars largely replace didactic lectures. As much instruction as possible is given on the clinic floor at the chairside, and, because the classes are small, the Faculty can combine to teach all the various departments of dentistry in a single clinic. Thus, the student has a better opportunity to learn from the very beginning to use the different types of dental treatment in relation to each other and to the patient's total requirements.

Under these conditions it has been possible to adapt the teaching to the needs of the particular student and he in turn is allowed to progress as rapidly as he assimilates course material. Besides its own staff and those of the Medical School and the teaching hospitals, the Dental School draws for instruction upon the Faculties of the Harvard School of Public Health and the science departments of the University proper in Cambridge. With such rich opportunities open to him, it is literally true that a student's own initiative determines in large measure just how much education he will acquire at the Harvard School of Dental Medicine.

The major aim of undergraduate dental education introduced at the Harvard School of Dental Medicine with the class entering ten years ago was to give the future dentists a background in the sciences basic to all health services that is second to none. Just as the medical student may



RADIOBIOLOGY LABORATORY

Dr. James H. Shaw, Assistant Professor of Dental Medicine and Dr. Reidar F. Sognnaes, Professor of Oral Pathology are observing the permeability and turnover of radioisotopes in dental tissues.

eventually culminate as a specialist of the eye, the ear, nose, throat, skin, etc., so the future dentist who is to care for the mouth will need a comparable foundation in the sciences upon which to build his specialty. Introducing this program required a complete revamping of the clinical curriculum in the third and fourth years.

The adjustment of the curricular changes to achieve this goal has consumed a major part of the energies of the staff in the beginning years. Once this goal was ap-

proached the decision was made to expand the graduate fellowship program of the School and those research activities which are associated with that program. This goal is only partly reached by the increased physical facilities now completed. The interest in the Fellowship Program has been so encouraging that there seems no question that an ample supply of good candidates will continue to be available. The number of Fellows which can be accommodated will be increased as additional funds

are provided for their support. The purpose of the Fellowships is to provide an opportunity to young men and women who desire to prepare themselves adequately for a teaching and research career in dentistry. Recipients of these Fellowships can avail themselves of opportunities to initiate experimental work and participate in research programs, to broaden their background in the basic medical and dental sciences and to gain experience in teaching.

In the ten years since its founding the Harvard School of Dental Medicine has not been spared growing pains nor the numerous countermandings that customarily accompany a sudden cleavage with traditions and conventions, but this is noth-

ing new in Harvard's experience. The Law School, when it started its Case History Teaching Method years ago, took a dozen or more years to establish itself under the new scheme. Indeed, the original Dental School at Harvard had a very similar experience shortly after it was first opened in 1865 as the first university affiliated dental school in the country. When the history of that early period was written in 1930, it was proudly recorded that the School took a firm and rigid stand in favor of the highest requirements for admission and graduation, "and it was not long before the example set by Harvard guided the other dental institutions along the road to progress."



ORAL HISTOLOGY AND PATHOLOGY LABORATORY ON NEW FIRST FLOOR LEVEL

New Appointments



Benjamin Alexander, '34, has been appointed Associate Professor of Medicine at the Beth Israel Hospital, Boston. He will also continue as Associate Director of Medical Service at the Beth Israel.

Dr. Alexander and his colleagues have made many important contributions to the knowledge and control of blood clotting mechanisms, and also discovered the plasma component SPCA, which plays a fundamental role in the velocity of the blood-clotting process. He has been conducting clinical and laboratory research at the Beth Israel Hospital and teaching at the Harvard Medical School since 1939. He is also Consultant in Medicine to the Children's Hospital of Boston.

George E. Gardner, '37, has been appointed Clinical Professor of Psychiatry at the Harvard Medical School and Psychiatrist-in-Chief at the Children's Hospital.

A new cooperative program is being developed in Boston, to deal with the emotional and behavioral problems which beset many children today from infancy through adolescence, and Dr. Gardner, Director of the Judge Baker Child Guidance Center will be the Director. The three institutions, the Harvard Medical School, the Children's Hospital and the Judge Baker Guidance Center are bringing together their resources in a program of treatment, research and teaching in the field of child guidance and psychiatry.

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LEWIS W. HACKETT, '12, *President*FRANK B. BERRY, '17, *Past-President*CONRAD WESSELHOEFT, '11, *President-elect*C. SIDNEY BURWELL, '19, *Vice-President*CURTIS PROUT, '41, *Secretary-Treasurer*

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J. Englebert Dunphy, '33

Sven M. Gundersen, '29

Leland S. McKittrick, '18

Francis D. Moore, '39

Russel H. Patterson, '18

H. William Scott, Jr., '41

Richard P. Stetson, '26

Richard H. Sweet, '26

Thomas H. Lanman, '16, *Director of*
*Alumni Relations*Mr. Peter E. Pratt, *Executive Secretary*
Harvard Medical School
*Boston 15, Massachusetts**Annual Dinner*

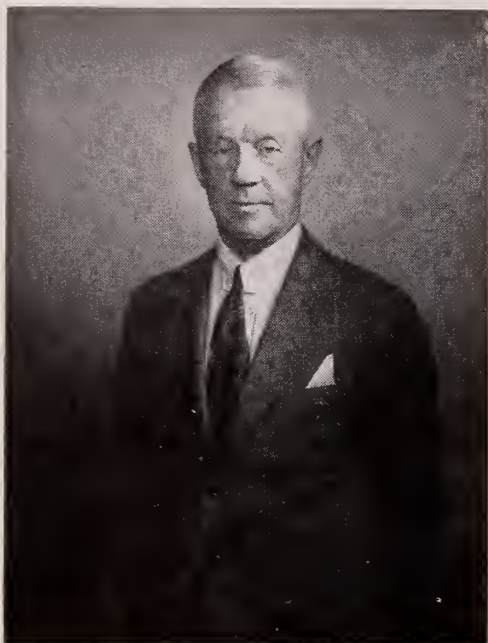
The annual dinner of the Harvard Medical Alumni Association was held at the Park Lane Hotel in New York on June 3rd. Two hundred persons attended. After the cocktail hour, the diners were greeted, addressed and entertained by a distinguished array of speakers. These included retiring President, Frank Berry; the new President, Louis Hackett; and the President-elect, Conrad Wesselhoeft. Dr. Louis Bauer of Hempstead, Long Island, retiring President of the A.M.A., was able to attend and requested more serious interest in and participation in the affairs of the A.M.A. by graduates of Harvard

Medical School. He pointed out that H.M.S. alumni have been among both the foremost supporters and severest critics of the A.M.A., and requested the critics especially to inform themselves more fully of the activities and purposes of the A.M.A. Dr. Lanman, the Director of Alumni Relations, spoke of the progress of alumni affairs and of the alumni fund and introduced Mr. Peter E. Pratt, the new Executive Secretary. The featured speaker of the evening was Mr. George W. Martin of New York, whose address followed that of Dean George Berry. Dr. George Berry spoke specifically of the Medical School's attitude toward the Faculty members who had declined to answer, using the Fifth Amendment as a shield. This fitted in very well with what Mr. Martin had intended to say, which was a philosophical discussion of the problem in general; not merely as applied to the Medical School. He managed to be witty, profound and extremely frank without causing any of the present company to be unhappy, which is in itself no mean feat. Everyone present seemed to enjoy the entire evening for its conviviality, companionship and the thoughts of the various speakers.

The next meeting will be at the time of the A.M.A. Convention in San Francisco in June 1954. At present, it is thought that a cocktail party might be preferable to the usual formal dinner. In the past two years, the number of people who attended has not been as great as the number of people who accepted, and there is a strong feeling that alumni, particularly those who bring their wives to the Convention, would want to go on to private dinners in smaller groups. Any suggestions about the form of the annual meeting will be received with great interest by the Alumni office.

Frank Howard Lahey

1880-1953



Fabian Bachrach

His fame was world-wide. As a distinguished British surgeon has expressed it, "Frank H. Lahey's death removes one of the great figures of international surgery. For something over a quarter of a century his name has been one to conjure with and his clinic has attracted surgeons from every corner of the world." Of the many honors which he received perhaps the greatest tribute of all was that he enjoyed the admiration and respect of the rank and file of the medical profession as few other surgeons have ever done. One of the greatest medical speakers of his time, with his clear, incisive reasoning and his unusual natural eloquence, he would hold the rapt attention of the general practitioner and surgical specialist alike. The young intern or resident who entered his operating room was assured the same warm-hearted welcome as would be received by a nationally known surgical colleague.

Frank Howard Lahey, son of Thomas and Honora Frances (Powers) Lahey was born in Haverhill, Massachusetts on June 1, 1880 and died in Boston on June 27, 1953. He was educated in the Haverhill public schools, Harvard College, and graduated from Harvard Medical School in 1904. He served as surgeon at the Long Island Hospital from 1904 to 1905, the Boston City Hospital from 1905 to 1907 and became resident surgeon at the Haymarket Square Relief Station in 1908. From 1908 to 1909 and from 1912 to 1915 he was instructor in surgery at his alma mater. He was appointed Assistant Professor and later Professor of Surgery at Tufts Medical School from 1913 to 1917. During World War I he served as a major in the United States Army Medical Corps and saw overseas duty as a director of surgery in the American Expeditionary Forces, Evacuation Hospital number 30. From 1923 to 1924 he was Professor of Clinical Surgery at Harvard Medical School. In 1922 Dr. Lahey gathered around him a small group of physicians who became the nucleus of what is now the Lahey Clinic. In 1926 the first unit was established at the site of the present clinic at 605 Commonwealth Avenue. He thus became one of those pioneers who demonstrated to a somewhat skeptical profession that group medicine could be administered without impairing the individual responsibility of members of the group to their patients. His remarkable organizational talents, his ability to speak and write clearly and convincingly and his outstanding surgical skill all combined to make the clinic well known throughout New England, later throughout the United States and finally throughout the world.

His interests covered a wide variety of surgical fields. His early interest in the surgery of the thyroid remained with him throughout his life. He was the first Boston surgeon to make use of the basal metabolic test as an index of thyroid toxic-

ity. His development of the two-stage operation for the surgical treatment of hyperthyroidism resulted in a marked lowering of the mortality associated with the early treatment of this disease. In a similar manner, the two-stage Lahey resection led to a reduction in the mortality associated with the early use of abdominoperineal resection for carcinoma of the rectum. The surgery he taught was safe surgery. It was based on adequate exposure, careful anatomical dissection, good lighting and good anesthesia. It was a technique that the surgical visitor could employ with confidence and with safety. Throughout his life he made every effort to see that every visitor would find his visit a rewarding one. It is not surprising that in 1940 the Journal of the American Medical Association had this to say of him: "It is doubtful if any other surgeon in the United States is more widely known to the medical profession throughout the nation."

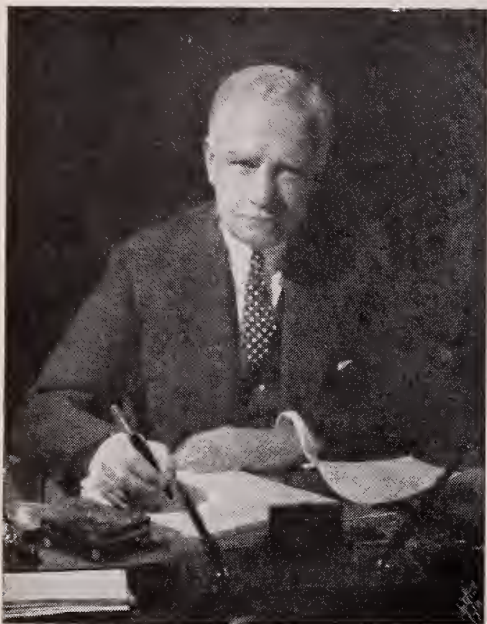
During World War II he served as Chairman of the Procurement and Assignment Service for the Medical Personnel of the Armed Forces. Later he became an Honorary Consultant to the Medical Department of the United States Navy and as Chairman of the Navy's medical board inspected nearly every naval hospital in the United States and in the Pacific. He was a member and Past-President of the American Goiter Association and of the New England Surgical Society. He was a member and Fellow of the International Surgical Society, Fellow and member of the board of governors of the American College of Surgeons and an honorary Fellow of the Royal College of Surgeons, England. He was a member of the American Surgical Association, Société des Chirurgiens de Paris, Southern Surgical Association, American Urological Association and the Association for the Study of Internal Secretions. He was a member of the founders group of the American Board of Surgery. In 1940 he was elected President of the American Medical Association.

He was a member of the American Gastroenterological Association which in 1946 awarded him the Friedenwald Medal for his contributions to surgery of the digestive tract. On May 10, 1946, he received the Henry Jacob Bigelow Medal from the Boston Surgical Society. He served for many years as Surgeon-in-Chief of the New England Baptist and the New England Deaconess Hospitals. He was a member of the editorial boards of Surgery, Gynecology, and Obstetrics and of the New England Journal of Medicine. He received the honorary degree of doctor of science from Tufts College in 1927, from Boston University in 1943 and from Northwestern University, Evanston, Illinois in 1947. On his sixtieth birthday Dr. Lahey was given a 466 page book containing scientific papers written in his honor by fifty world medical leaders. At the time of his death he was being honored by the erection of a large new addition to the New England Baptist Hospital to be known as the Lahey Pavilion. He had a deep interest in the Boston Medical Library and because of his interest all staff members of the clinic were made Fellows of the Library. Plans have been made by the staff to finish and furnish the periodical room in the Boston Medical Library which will bear in his honor the name of "The Frank H. Lahey Periodical Room."

Dr. Lahey's only survivor is his wife, Alice Wilcox Lahey. She remained his devoted companion and a source of inspiration throughout his career. Dr. Lahey died as he would have wished, engaged in the active practice of surgery to the end. After completing a long operative schedule he walked from the operating suite to the hospital room where he died two weeks later at the age of 73. Those who were privileged to know him have lost an inspiring leader and a loyal friend. Harvard Medical School has lost a distinguished alumnus. The medical profession has lost one of its outstanding members. The world has lost a great physician.

Marius N. Smith-Petersen

1886-1953



Dr. M. N. Smith-Petersen, '14, died on the 16th of June 1953 at the age of 67. His death brought sadness to the thousands of doctors and patients who knew him so well throughout the world. Probably no orthopedic surgeon exerted such a profound influence upon his field of surgery as did Dr. Smith-Petersen during his very active and productive years. It is rare that a surgeon is possessed with an ability to make worth-while, original contributions which stand the test of time. Dr. Smith-Petersen was such a man.

Beginning in 1917, while still an intern at the Massachusetts General Hospital, he conceived the anterior supra-articular subperiosteal approach to the hip joint. This was followed in 1921 by a new subperiosteal approach to the sacroiliac joint. In 1925 he first used the tri-flanged nail for securing fractures of the femoral neck. Many of his colleagues believe this to be his greatest contribution. In 1930 came acetabuloplasty of the hip, to be followed in 1938 by what he probably considered his most important effort, namely: vitallium

mold arthroplasty for the hip joint. His only real excursion from the lower back and hip came in a paper in 1940, describing a new approach for arthrodesis of the wrist joint. A final original contribution came in 1945 on osteotomy of the spine for severe flexion deformity. Add to these the many instruments he devised for orthopedic surgery and we have indeed a list of rare accomplishments.

These achievements did not come to him easily. No student of medicine or practitioner of surgery worked more diligently than did Marius Smith-Petersen. He lived his profession 24 hours a day and was continuously thinking of ways in which to conquer unsolved problems. His capacity for work was tremendous and once his course was set he pursued it with all of his strength of mind and body.

He came to this country from Norway in 1903 at the age of 16, along with his mother and three brothers. The family had little financial support, so little that his mother gave lessons in the violin. She possessed much of the determination so characteristic of her son throughout his life. He attended the Universities of Chicago and Wisconsin, receiving the degree of B.S. from the latter in 1910. As a part of his assignment at that institution he was laboratory assistant to the great physiologist, Erlanger. Graduating from Harvard in 1914 he served as surgical intern at the Peter Bent Brigham Hospital under Dr. Cushing and the inspiration he gained from this association exerted a profound influence upon his surgical life.

Respect for tissues, following muscle planes when making surgical approaches, and the subperiosteal approach to bone,—all were inspired by his association with Cushing.

During World War I he served in France with the First Harvard Medical Unit at the American Ambulance Hospital which was stationed in Paris. Then returning to Boston he spent 2 years training in

orthopedic surgery at the Massachusetts General Hospital under Dr. Elliott G. Brackett, with whom he was associated in practice from 1918 to 1923. From 1923 until his death in 1953 he carried on an extremely active practice of orthopedic surgery and was successively Instructor, Assistant Clinical Professor, and finally Clinical Professor of Orthopedic Surgery in the Harvard Medical School. In 1929 he was appointed Chief of Orthopedic Surgery at the Massachusetts General Hospital. During these 30 years he gave apprenticeship to 11 assistants in private practice and to each of them he was the great inspiration he was to so many undergraduate students at Harvard and interns at the Massachusetts General Hospital. He did not care for an assistant who could not reason and who would not assert his opinion.

"Pete" or "Smith-Pete," as he was affectionately known, was at his best when dealing with individual patients. He inspired all of them, from the poorest occupant of a ward bed to the wealthiest in the most luxurious surroundings. This cooperation from patients, many have said, was to a considerable extent responsible for his usual success with any operation he performed.

In his latter years he spent many of his holidays in Europe and returned to his beloved Norway as frequently as possible. On more than one visit there he did a number of arthroplasties and in his native land he leaves a host of devoted friends and patients. In 1946 he was granted an honorary M.D. by the University of Oslo and made an honorary member of the Norwegian Surgical Society. In 1947 he was awarded the Grand Cross, Royal Norwegian Order of St. Olaf. He was particu-

larly acclaimed in the British Isles, where in 1952 he was elected an honorary member of the Royal Society of Medicine and in the same year he gave the Moynihan Lecture.

During World War II Dr. Smith-Petersen served as Consultant to the Surgeon General of the Army. He had been elected to all of the important societies of orthopedic surgery, both national and international, and was president of the American Academy of Orthopaedic Surgeons in 1943. Perhaps he was most devoted to the Robert Jones Club to which he was elected shortly after World War I. He entertained this group of 25 distinguished American and Canadian orthopedic surgeons in Boston shortly before he died, by operating for them during the morning, demonstrating more than 40 hip arthroplasties in the afternoon, and presiding at a large dinner in their honor during the evening.

It is not often that such a surgeon and teacher passes our way. Those of us who knew him best miss him tremendously. It does not seem possible that the Orthopedic Service at the Massachusetts General Hospital no longer has him as an inspirational leader in spite of the fact that he relinquished his duties as active Chief of the Service in 1947. He continued to come to rounds and gave his contributions which were received with enthusiasm and respect. His name will live forever in orthopedic surgery and in the hearts of his associates and patients.

To Mrs. Smith-Petersen, his daughter, Hilda, and his two sons, Porter and Morten, Harvard Medical Alumni everywhere extend their deepest sympathy and at the same time take comfort in the memory of this great and beloved man.

Andrew Yeomans

1907-1953



Andrew Yeomans was a rare combination of physician, scholar, musician, philosopher, and human being of truly liberal spirit. It is my privilege to describe here, albeit all too briefly, a few of his fine accomplishments and attributes. Andy came to Harvard Medical School in the fall of 1930 after preparation at Stanford and at Harvard College. His studies were interrupted after his second year by retinitis of unknown etiology. During his convalescence he spent several months in Germany, becoming familiar not only with German medical traditions but also with the local customs of the Bavarian people. There he continued to develop his keen appreciation of music and folk dancing which he had acquired as a boy. Dr. Joe Pratt's sound advice was a great influence on Andy during this trying period in his life.

In the last two years of medical school, Andy impressed his classmates with those qualities which made him a philosopher and a humorist, a violinist and a naturalist. His spirit pervaded and enlivened the many undergraduate organizations in which he participated, particularly the Boylston Club, the Stork Club, and the Aesculapian Club. In the nine months between graduation and his internship in medicine at Columbia, Andy travelled extensively in Europe, high points being his trek with Bimi Soutter through Finland to the Arctic Circle, and his merry schuh-plattling adventures in Bavaria which aroused the admiration of the natives themselves!

From 1936 to 1938 Andy absorbed the knowledge and skill of the medical staff at Presbyterian Hospital in New York, emerging with an enthusiasm for clinical investigation instilled by Robert Loeb and Dana Atchley. This zeal was strengthened during the ensuing year in Sidney Burwell's laboratory at the Brigham. Indeed, Andy was fast establishing himself as a skillful physician and beginning his independent career as a clinical investigator at the Pratt Diagnostic Hospital when the second World War began in Europe. Looking ahead, Andy became extremely restless and felt that he should contribute to the war effort. Before the United States entered the conflict, our civilian airlines were asked to establish a vital supply line across Africa. Andy joined the staff of Pan American Airways in 1941 and for a year worked indefatigably along the route from Accra through Lagos and Maiduguri to Khartoum; he and his colleagues, despite many frustrations and harassing obstacles, succeeded in reducing or eliminating many health hazards, and they provided medical services for the flight personnel as well as the hundreds of important passengers who flew this line during the early phases of the war.

Although this year of service with Pan American by itself marked Andy Yeomans as an outstanding physician and citizen, his record of accomplishment was only beginning. He entered active duty in the Navy in 1942 and was assigned to the Cairo Unit of the United States of America Typhus Commission. By his patience and friendliness he won the confidence of the Egyptian officials and assembled a unique investigative unit in the Cairo Fever Hospital in the midst of the worst epidemic of typhus fever in the history of Egypt. There he showed the beneficial effects of para-aminobenzoic acid on the course of typhus fever—the first clinical demonstration of a drug with definite influence on a rickettsial disease. The Egyptian Government awarded him their highest honor, the Order of the Nile, and he received the Typhus Commission Medal from the Surgeon General of the United States Navy.

After the end of hostilities, Andy became Associate Professor of Preventive Medicine at Johns Hopkins. A year later he accepted the positions of Assistant Professor of Medicine at Dartmouth Medical School and Chief of the Medical Service at the Veterans Administration Hospital in White River Junction. With his patience and persistence, and with the wise counsel of Baird Hastings, Andy succeeded in conducting clinical investigations of the very first quality in the hospital at White River Junction. His studies of acid-base abnormalities in renal and respiratory disease (*American Journal of Medicine*, 1952, 13, 183) are worthy of a place beside the best of efforts in clinical investigations, whatever the source. In 1950 Andy learned that he had a disease known to be fatal, yet with admirable equanimity he continued his work up to a few days before his death, uncomplaining and thoughtful.

Andy married Elizabeth Pratt in New Bedford in October 1936. He was proud of and devoted to Betty and their four children, George, Lisa, Laura Day and Susan. During the past year he worked out the plans of a new house in Norwich, Ver-

mont, and he actually saw it become a reality. The severe encroachments of his illness in the last few months blocked his chance to live there; that he saw it almost completed was a great satisfaction to him.

Andy was a delightful companion, a searching student of nature and of man. He loved his viola and the great string quartets of Beethoven; he loved the sea in its various moods, and above all he found great happiness in roaming the hills of Vermont, gun in hand. All of Andy's classmates, professional associates, students, and friends agree that his spirit will live in their minds and hearts as an inspiration to future achievements.

Necrology

1893

GEORGE PROCTOR COGSWELL died at Cambridge, Massachusetts, July 14, 1953.

1894

JOHN RICE COWAN died at Danville, Kentucky, August 17, 1953.

CHARLES ALBERT DAVENPORT died at Newton, Massachusetts, September 28, 1953.

APPLETON HOWE PIERCE died at Leominster, Massachusetts, September 26, 1953.

1899

CHANNING CHAMBERLAIN SIMMONS died at Boston, Massachusetts, August 15, 1953.

1900

EDWARD FRANCIS WASHBURN BARTOL died at Clinton, Massachusetts, August 6, 1953.

1901

FRANK WARREN SLEEPER died at Franklin, New Hampshire, April 3, 1953.

1902

FREDERICK EUGENE GARLAND died at Boston, Massachusetts, August 3, 1953.

FRANCIS WINSLOW PALFREY died at Duxbury, Massachusetts, June 11, 1953.

